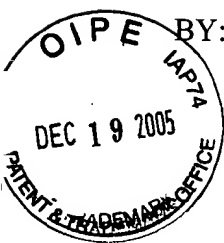


I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

RCE
JFW



BY:

Sarah Schlie
Sarah Schlie

Date: December 15, 2005

MAIL STOP RCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor:	Michael Hrabik	§	
		§	
		§	
Conf. No.:	5856	§	Group Art Unit: 2131
		§	
Appln. No.:	09/770,525	§	Examiner: Jenise E. Jackson
		§	
Filing Date:	January 25, 2001	§	Attorney Docket No.: 881075-3
		§	(681268.0001/1US)

Title: METHOD AND APPARATUS FOR VERIFYING THE INTEGRITY OF COMPUTER NETWORKS AND IMPLEMENTATION OF COUNTERMEASURES

**REQUEST FOR CONTINUED EXAMINATION (RCE)
(37 CFR § 1.114)**

1. Applicant hereby requests continued examination, in accordance with 37 CFR § 1.114, for the above-identified pending application.

2. This request is being submitted prior to payment of the Issue Fee. The application is currently under a Final Rejection mailed October 17, 2005.

3. Enclosed herewith is:

☒ Amendment

☒ Applicant Initiated Interview Request Form

4. This application is on behalf of a Small Entity.

5. The following fees are enclosed:

☒ RCE fee of \$395 required under 37 C.F.R. 1.17(e).

☐ Extension of time fee in the amount of \$ ____.

☐ Additional claim fees of _____ for excess claims submitted in the enclosed Amendment, calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	17	(-)	22	0	X25.00		X50.00	
INDEP.	2	(-)	9	0	X100.00		X200.00	
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$180.00		+\$360.00	
					TOTAL	-0-	TOTAL	

☒ Firm check totaling **\$395.00** is enclosed herewith.

☒ The Commissioner is hereby authorized to charge and/or credit Deposit Account No. 50-0675, Order No. 881075-0003 as noted below. A duplicate copy of this sheet is enclosed.

☒ Any overpayments or deficiencies in the above-calculated fee(s).

☐ RCE fee in the amount of \$____.00.

☐ Extension fee in the amount of \$____.00.

☐ Additional claim fee(s) in the amount of \$____.00 as calculated above.

☒ Any additional fees required under 37 C.F.R. §§ 1.16 or 1.17.

☒ In the event that a Petition for Extension of Time is required, but not enclosed, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

December 15, 2005 By: _____

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